Nicole Quadros, BSN, RN
Sgt. Jordan Shay Memorial
Lower Elementary School
P: 978-388-3659 / **F:** 978-388-4961

Jody Omohundro, BSN, RN, NCSN
Amesbury Middle School
P: 978-388-0515 / **F:** 978-955-2562

Kieran Ford, RN
Cashman Elementary School
P: 978-388-4407 / **F:** 978-388-4479

Lead Nurse: Kristin Tierney, FNP-C, NCSN
Amesbury Innovation High School
P: 978-388-8037 / **F:** 978-388-8073

Michelle Parsons, BSN, RN
Amesbury High School
P: 978-388-4800 / **F:** 978-388-4919

AMESBURY PUBLIC SCHOOLS

Parent/Guardian Authorization and Medication Administration Plan

MEDICATION PLAN

Student Name: _____ DOB: _____ Grade: _____ Team / HRM: _____

Student Address: _____
Street Apt/Suite City/Town State Zip Code

Name of Licensed Prescriber: _____ Title: _____

Prescriber Business Phone: _____ Prescriber Emergency Phone: _____

Parent/Guardian Name: _____ Home Phone: _____ Cell: _____

Work Phone: _____ Emergency Phone: _____

(Other person to contact in case of emergency) **Name**: _____

Relationship to student: _____ Cell Number: _____ Work Number: _____

Does student have food/drug allergies? Please list: _____

Diagnoses: _____
(if not in violation of confidentiality)

Name of Medication: _____ Will this medication be given on half/early release days? _____

Date ordered: _____ Duration of order: _____ Dosage: _____

Frequency: _____ Route of administration: _____ Expiration of med received: _____

Specific directions (e.g., times to be given; takes with applesauce, etc.): _____

Possible side effects/adverse reactions: _____

Other medications being taken by the student: _____
(if not in violation of confidentiality)

Location where medication administration will occur: ☐ Nurse's office ☐ Other: _____

Plan for monitoring medication, if needed:

CONSENTS

I consent to have the school nurse or school personnel designated by the School Nurse administer medication.	INITIAL
I give permission for my child to self-administer medication, if the school nurse determines it is safe and appropriate. ☐ Yes ☐ No	INITIAL
I give permission to the School Nurse to share information relevant to the prescribed medication administration as the School Nurse finds appropriate for the child's health and safety.	INITIAL
I understand I may retrieve the medication from the school at any time; however, the medication will be destroyed if it is not picked up within one week following the termination of the order or beyond the close of school.	INITIAL

Parent/Guardian Name: _____ **Parent/Guardian Signature:** _____

Relationship to student: _____ **Today's Date:** _____

School Nurse Name: _____ School Nurse Signature: _____ Date: _____

Today's Date: Medication & Dosage Received: Quantity: Signatures of both parent/guardian & RN

APS MEDICATION INVENTORY LOG

/

Today's Date: Medication & Dosage Received: Quantity: Signatures of both adult delivering med & RN

Amount of meds on hand Current total # of meds Relationship of adult delivering medication for student

/

Today's Date: Medication & Dosage Received: Quantity: Signatures of both adult delivering med & RN

Amount of meds on hand Current total # of meds Relationship of adult delivering medication for student

/

Today's Date: Medication & Dosage Received: Quantity: Signatures of both adult delivering med & RN

Amount of meds on hand Current total # of meds Relationship of adult delivering medication for student

/

Today's Date: Medication & Dosage Received: Quantity: Signatures of both adult delivering med & RN

Amount of meds on hand Current total # of meds Relationship of adult delivering medication for student

/

Today's Date: Medication & Dosage Received: Quantity: Signatures of both adult delivering med & RN

Amount of meds on hand Current total # of meds Relationship of adult delivering medication for student

/

Today's Date: Medication & Dosage Received: Quantity: Signatures of both adult delivering med & RN

Amount of meds on hand Current total # of meds Relationship of adult delivering medication for student

/

Today's Date: Medication & Dosage Received: Quantity: Signatures of both adult delivering med & RN

Amount of meds on hand Current total # of meds Relationship of adult delivering medication for student

/

Today's Date: Medication & Dosage Received: Quantity: Signatures of both adult delivering med & RN

Amount of meds on hand Current total # of meds Relationship of adult delivering medication for student

/

Today's Date: Medication & Dosage Received: Quantity: Signatures of both adult delivering med & RN

Amount of meds on hand Current total # of meds Relationship of adult delivering medication for student

/

Today's Date: Medication & Dosage Received: Quantity: Signatures of both adult delivering med & RN

Amount of meds on hand Current total # of meds Relationship of adult delivering medication for student

/

Today's Date: Medication & Dosage Received: Quantity: Signatures of both adult delivering med & RN

Amount of meds on hand Current total # of meds Relationship of adult delivering medication for student

/

Today's Date: Medication & Dosage Received: Quantity: Signatures of both adult delivering med & RN

Amount of meds on hand Current total # of meds Relationship of adult delivering medication for student